**2023年4月期 Spring 2023 Enrollment**

**東北大学 統合化学国際共同大学院プログラム 履修願書**

**Tohoku University GP-Chem Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| フリガナ |  | | | |  | |  | | | | | | |  |  | | | | | | | **写真貼付欄**4x3 cm  裏面に氏名を記入  **ID Photo** in size of  4x3 cm with your name on the back | | | | | | | |
| 氏名 Name |  | | | |  | |  | | | | | | |  |  | | | | | | |
|  | 姓 LAST | | | |  | | 名 First | | | | | | |  | Middle | | | | | | |
| 性別 Gender | 男Male  女 Female | | | | | | | | | Nationality  (for foreign nationals) | | | | | | |  | | | | |
| 生年月日 Date of Birth | |  | | 年YYYY | | | |  | | 月MM | | | |  | | | 日DD | | | | |
| 2023年4月1日付 As of Apr. 1, 2023 | | | | | | 満年齢Age | | | |  | | | | | | 歳 years old | | |  | | | | | | | | | | |
| 所属(2023年4月現在) | | | 東北大学 | | | | | | |  | | | | 研究科 | | | | |  | | | | | | | | 専攻 | | |
| Affiliated School as of Apr. 2023 | | | Tohoku University | | | | | | | School | | | | | | | | | Major | | | | | | | | | | |
| 現学籍番号  Current Student ID | | |  | | | | | | | | | | | | | | | | 現学年 Current Grade | | | | | | |  | | | |
| 指導教員名と所属  Supervisor & Affiliation | | | 東北大学  Tohoku Univ. | | |  | | | | | | 研究科  Graduate School | | | | | | |  | | | | | 専攻  Department | | | | | |
| 氏名 Name | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 Current Contact  （2023年4月現在） | | | 携帯Phone | | |  | | | | | | | | | | 研究室Lab | | |  | | - | | |  | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 緊急連絡先  Emergency Contact in  your home country | | | 氏名  Name | | |  | | | | | | | | | | | | | 続柄 Relation | | | | | |  | | | | |
| 住所 Address | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | |
| 電話 Phone | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 携帯 Mobile | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 奨学金等の有無  (TA/RA含む)  Financial Support if Any | | | 無 None | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 有 Yes  If Yes | | | 名称 Title | | | | |  | | | | | | | | | | | | | | | | | | |
| 期間 Period | | | | | From(YYYY/MM) から | | | | | | | To (YYYY/MM) まで | | | | | 月額 JPY / Month | | | | | | |
|  | | | | | | |  | | | | |  | | | | | | |
| 外国語レベル  English/other Language proficiency | | | TOEFLテスト(ＩＴＰ, ＩＢＴ) | | | | | | | | Score | |  | | | | | Year/Month | |  | | | | | | | | ／ |  |
| TOEIC®テスト | | | | | | | | Score | |  | | | | | Year/Month | |  | | | | | | | | ／ |  |
| Other( | |  | | | | ) | | Score | |  | | | | | Year/Month | |  | | | | | | | | ／ |  |
| 他の学位プログラムへの重複応募の有無  Duplicate application for other program | | | ☐ ありYes　 ☐ なしNo | | | | | | | | （ありの場合）プログラム名：  Program name if Yes：  K01-1810 | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| フリガナ  氏名 Name： |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 学歴 Educational Background (starting from the oldest history after high school) | | | | | | | | |
| 高等学校卒業・大検取得  Upper Secondary  School Graduation |  | 年Year | |  | 月Month | 学校  School Name | |  |
| 大学入学  University Entrance |  | 年Year | |  | 月Month | 大学名  University Name | |  |
| 学部、学科名Major | | | |  | | | |
| 大学卒業  University Graduation |  | 年Year | |  | 月Month | 大学  University Name | |  |
| 学部、学科名Major | | | |  | | | |
|  |  | | 年 Year |  | 月Month |  | | |
|  |  | | 年 Year |  | 月 Month |  | | |
| 職歴 Full Time Employment Record | | | | | | | | |
| From (YYYY/MM) から | To (YYYY/MM)まで | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
| 留学経験等 Study Abroad Experience | | | | | | | | |
| 留学期間  When and How long was  your Study Abroad | From (YYYY/MM) | | | | To (YYYY/MM) | | 留学先機関、国名 Institution and Country | |
|  | | | |  | |  | |
| 内容（留学、短期研修、インターンシップ等）Course details (study abroad, internship, etc…) | | | | |  | | |

* 履修願書は末尾の署名欄以外は手書き不可です。Type in application except for the hand sign at the bottom.
* 必要に応じて欄を広げて記入してください。 You may adjust the chart if you need some more space.
* 英語能力検定試験（TOEFL®テスト, TOEIC®テスト等）を受験している場合はスコア等を証明する書類の写しを提出してください。

Attach a scanned copy of your English proficiency certificate if any.

上記の通り相違ありません。

I hereby certify that all the above statement is true and complete.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 申請年月日 Application Date |  | 年 YYYY |  | 月MM |  | 日DD |
| 申請者アルファベット氏名  Applicant's name in BLOCK CAPITAL ROMAN LETTERS |  | | | | | |
| 申請者署名 Applicant’s Signature  （手書きでSign by HAND） |  | | | | | |

When you have finished filling in this form, please print it and sign by hand.

K01-1810